

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/542,768 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2	/						52	/					
3	/						53	/					
4	/						54	/					
5	4						55	/					
6	①						56	/					
7	①						57	/					
8	①	①					58	/					
9							59	/					
10	①						60	/					
11	/		①				61	/					
12			①				62	/					
13			①				63	/					
14	①						64	/					
15	①						65	/					
16	①						66	/					
17	①						67	/					
18	①						68						
19	①						69						
20	①						70						
21	①						71						
22	①						72						
23	①						73						
24	①						74						
25	①						75						
26	①						76						
27	①						77						
28	①						78						
29	①						79						
30	①						80						
31	/						81						
32	/						82						
33	/						83						
34	/						84						
35	/						85						
36	/						86						
37	/						87						
38	/						88						
39	/						89						
40	/						90						
41	/						91						
42	/						92						
43	/						93						
44	/						94						
45	/						95						
46	/						96						
47	/						97						
48	/						98						
49	/						99						
50	/						100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	2	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	35	←		←		←
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]	TOTAL CLAIMS	37	[REDACTED]		[REDACTED]		[REDACTED]